

INVENTOR INFORMATION

Inventor One Given Name:: Debra Marie
Family Name:: CAPPUCCI
Postal Address Line One:: 6650 Shenandoah
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Postal or Zip Code:: 48101
City of Residence:: Allen Park
State or Province of Residence:: Michigan
Country of Residence:: U.S.A.
Citizenship Country:: U.S.A.

Inventor Two Given Name:: Randall Joseph
Family Name:: LANSUE
Postal Address Line One:: 7178 Sadie Lane
City:: Belleville
State or Province:: Michigan
Country:: U.S.A.
Postal or Zip Code:: 48111
City of Residence:: Belleville
State or Province of Residence:: Michigan
Country of Residence:: U.S.A.
Citizenship Country:: Canada

CORRESPONDENCE INFORMATION

Correspondence Customer Number:: 27160
Fax:: (312) 902-1061

APPLICATION INFORMATION

Title Line One:: FOAM PAD AND PROCESS FOR PRODUCTION THEREOF
Title Line Two::
Title Line Three::

Total Drawing Sheets:: Four (4)
Informal Drawings?: Yes
Application Type:: Utility
Docket Number:: 13202.00375
Secrecy Order in Parent Appl.?: No

REPRESENTATIVE INFORMATION

Representative Customer Number:: 27160

PRIOR FOREIGN OR U.S. APPLICATIONS

U.S. Application One:

Filing Date:

Country:

Priority Claimed:

Doc #:DC01 (13202-00001) 4124357v1;2/28/2002/Time:12:46